Wilford Hall Ambulatory Surgical Clinic
Establishing a Primary Care Clinic in New Braunfels
A Business Case Analysis

Army-Baylor University Graduate Program in Health and Business Administration
Finance III: Financial Applications, HCA 5318

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Preface

The views expressed in this article are those of the authors and do not reflect the official policy or position of Baylor University, the Department of Defense, or the U.S. Government. This report provides a recommendation to the Commander of Wilford Hall Ambulatory Surgical Clinic on establishing a primary care clinic in New Braunfels, Texas to increase enrollment. The project team based this recommendation on information provided by Department of Defense Guidance and the organization’s leadership. We recommend use of this analysis only as an aid to further develop a decision making model.
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Executive Summary

The San Antonio Military Health System (SAMHS) is comprised of United States Army (USA) and United States Air Force (USAF) units responsible for providing management of business, clinical, and educational functions of the military treatment facilities located in the San Antonio metropolitan area. Given the demonstrated success of the PCMH model within the United States (US) health care industry, the Department of Defense (DoD) adopted the PCMH model in 2008. Since that time, the SAMHS has established six PCMHs and continues to evaluate opportunities to better serve its beneficiary population in the San Antonio metropolitan area.

This Business Case Analysis (BCA) involves a financial analysis and business impacts of establishing a PCMH in New Braunfels, Texas including pharmacy, laboratory, and radiology ancillary services to recapture TRICARE Prime beneficiaries enrolled to the network. The purpose of this BCA is to provide a recommendation to the Commander of Wilford Hall regarding the financial feasibility of opening a new PCMH in New Braunfels, Texas according to the financial analysis of the case and an assessment of contingencies and risks associated with each scenario evaluated.

The financial metrics included in this BCA are annual and cumulative cash flows, net present value, simple return-on-investment, and break-even analysis for a five-year period beginning 1 October 2015. The BCA incorporated three potential scenarios. The first of which is to maintain the status quo. The second scenario is to establish a PCMH in New Braunfels along the I-35 corridor, for easy access for patients living north of the San Antonio metropolitan area with one Family Health Team (FHT). The third scenario evaluated is to open a PCMH on the south side of San Marcos with two FHTs, in order to avoid overlap in the patient recapture radius with the Schertz PCMH. The team also performed a sensitivity analysis measuring the effect of the scenarios’ net present values to changes in recapture rates and leasing cost per square foot. Leasing costs were estimated based on the existing Schertz leasing contract. Personnel staffing was based on Air Force Instruction 44-171.

Analyzing the projected cashflows reveals the establishment of a PCMH in New Braunfels will result in a negative net cash flow in the first year of operations followed by positive net cash flows in each of the next four years of operations, culminating with a cumulative net cash flow of -$1,033,850. Given the cumulative negative cash flows, the simple return on investment in this scenario is -11.6% and the project will not break even during the first five years of operations. The net present value (NPV) of the project is estimated to be -$989,760.

The establishment of a PCMH in San Marcos will result in a negative net cash flow in the first year of operations followed by positive net cash flows in each of the next four years of operations, culminating with a cumulative net cash flow of $57,210. The simple return on investment at the end of five years of operations is 4.0% and the project will break even in 4.8 years of operation. The net present value (NPV) is estimated to be $320,190. Additionally, a sensitivity analysis indicates both scenarios’ net present values are more sensitive to changes in recapture rates than they are to lease cost-per-square foot.

Based on this analysis, we recommend to establish a PCMH in San Marcos.
A. Introduction

A.1. Background

The San Antonio Military Health System (SAMHS) is comprised of United States Army (USA) and United States Air Force (USAF) units responsible for providing management of business, clinical, and educational functions of the military treatment facilities located in the San Antonio metropolitan area. The 59th Medical Wing is the USAF component command operating Wilford Hall Ambulatory Surgical Center (AMC), the North Central Federal Clinic, the Reid Clinic, and the Randolph Clinic providing primary care, specialty care, and outpatient surgery to eligible beneficiaries. Brooke Army Medical Center (BAMC) is the USA component command operating the San Antonio Military Medical Center (SAMMC), Center for the Intrepid, Corpus Christi Occupational Health Clinic, Fort Sam Houston Primary Care Clinic, McWerthy Troop Medical Home, Camp Bullis Taylor Burk Clinic, and the Schertz Medical Home.

The PCMH is a team-based model, led by a physician, which provides continuous, accessible, family-centered, comprehensive, compassionate and culturally-sensitive health care in order to achieve the best outcomes. The model is based on the concept that the best healthcare has a strong primary care (PC) foundation with quality and resource efficiency incentives. The PCMH is a departure from previous, traditional healthcare models because it focuses on the “whole person” concept, preventive care and early intervention and management of health problems rather than on high-volume, episodic, over-specialized and inefficient care. A PCMH practice is responsible for all of a patient’s healthcare needs and for coordinating/integrating specialty healthcare and other professional services.

Given the demonstrated success of the PCMH model within the United States (US) health care industry, the Department of Defense (DoD) adopted the PCMH model in 2008. Since that time, the SAMHS has established six PCMHs and continues to evaluate opportunities to better serve its beneficiary population in the San Antonio metropolitan area. The 59th Medical Wing and its subordinate treatment facilities provide valuable services to the military beneficiaries residing in the SAMHS catchment area.

Mission
The 59th Medical Wing optimizes readiness and patient-centered care through collaborative health delivery, education, training, and research.

Vision
The 59th Medical Wing will continue to be partners in a high-performance health system, dedicated to excellence in global care.

Geographical Location
Joint Base San Antonio (JBSA) is situated in San Antonio, Texas in Bexar County about 190 miles west of Houston, 80 miles south of Austin, and 140 miles inland from the Gulf of Mexico. San Antonio is the seventh largest city in the United States and is also known as "Military City USA." Encompassing JBSA are Fort Sam Houston, Lackland Air Force Base and Randolph Air Force Base. Within Joint Base San Antonio, the San Antonio Military Health System oversees
the healthcare delivery of 230,000 Department of Defense beneficiaries in the San Antonio metropolitan region.

New Braunfels, Texas is located 32 miles north of San Antonio along Interstate Highway 35 in Comal and Guadalupe counties, 19 miles southwest of San Marcos, and 45 miles southwest of Austin. As of the 2012 U.S. Census estimate, the city's population was 60,761 and had increased 66% from the 2000 census population of 36,494.

Strategic Goals:

- Quality Healthcare: The right care at the right place at the right time to build healthy resilient families and communities.
- Force Development: Maximize the force through professional development, currency, training, deliberate mentoring to optimize health system outcomes.
- Research: Conduct translational research and apply knowledge gained to enhance performance, protect the force, and advance medical care and capabilities across the global health system.
- Readiness: Optimize health service support to meet global operational requirements. Health System Development.
- Develop a high performing health system characterized by collaboration and innovation for mission success, to eliminate waste, and unwanted variation.

A.2. Subject of the Case

The subject of this Business Case Analysis (BCA) involves a financial analysis and business impacts of establishing a PCMH in New Braunfels, Texas including pharmacy, laboratory, and radiology ancillary services to recapture TRICARE Prime beneficiaries enrolled to the network.

A.3. Purpose of the Case

The purpose of this BCA is to provide a recommendation to the Commander of Wilford Hall regarding the financial feasibility of opening a new PCMH in New Braunfels, Texas according to the financial analysis of the case and an assessment of contingencies and risks associated with each scenario evaluated.

A.4. Business Objectives

The primary business objective of this BCA is to determine the financial impacts of establishing a PCMH in New Braunfels, Texas. The business case analysis will evaluate financial benefits in revenue generation according to capitated care amount as well as cost savings associated with recapturing care for patients treated on the network based on relative value unit (RVU) generation. The financial benefits will be compared to related costs to staff, equip, lease, and renovate the facility, and the case will examine associated cash flows and financial estimations to determine feasibility of the project.
B. Assumptions and Methods

B.1. Financial Metrics

The financial metrics included in this BCA are annual and cumulative cash flows, net present value, simple return-on-investment, and break-even analysis for a five-year period beginning 1 October 2015.

### Net Present Value (NPV)

By discounting the expected cash flows of the project for each fiscal year, the net present value (NPV) was calculated to determine the project’s profitability. The discount rate used to determine NPV is based on 2.3%, MEDCOM’s relative risk estimate accounting for inflation provided by the Office of Management and Budget (OMB).

### Simple Return-on-Investment (ROI)

Simple ROI is used to measure the efficiency of a project to return favorable benefits in terms of cash flow (revenues and cost savings) and is a method to consider the financial benefits in relation to capital invested. A high ROI means the investment gains compare favorably to investment cost.

### Break-even Analysis (Payback Period)

Although break-even analysis does not account for inflation, stakeholders are particularly interested in how long it will take to recover the costs of the initial investment after beginning clinical operations. Therefore, break-even analysis is included in this report as a project evaluation method.

B.2. Global Assumptions

Assumptions for the analysis were established collaboratively with subject matter experts in MEDCOM, BAMC, and the 59th Medical Wing. Assumptions for this analysis are:

- Facility will be leased and modified to meet clinical specifications and will be fully functional by April FY16.
- Staff will be contracted personnel and compensated accordingly.
- PCMH staff includes two FHTs (two providers, five licensed vocational nurses, and one registered nurse per FHT) augmented by pharmacy, laboratory, and radiology staff.
- Pharmacy staff includes one pharmacist and two pharmacy technicians.
- Radiology staff includes two radiology technicians.
- Laboratory services and equipment is based on minimally complex model provided by the Chief of Ancillary Laboratory Services at the Fort Sam Houston Clinic responsible for supporting the Westover and Schertz Medical Homes.
- The minimally complex laboratory staff includes two laboratory technicians.
- The New Braunfels PCMH will utilize existing San Antonio Military Medical Center (SAMMC) courier service to transport lab specimens and pharmacy supplies to and from SAMMC.
- Salary.com provides a competitive market compensation rate.
- Laboratory, pharmacy, and radiology equipment will be purchased rather than leased.
- Type and amount of laboratory and pharmacy equipment will be based on the Westover Medical Home model.
- Hours of operation will be Monday through Friday, 0800 – 1800 and Saturdays, 0900 – 1700 based on the current hours of operation at the Schertz Medical Home.
- All TRICARE Prime beneficiaries in zip codes 78115, 78123, 78124, 78130, 78131, 78132, 78133, 78135, 78155, 78156, 78622, 78623, 78638, 78655, 78661, 78666, 78667, 78670 will be assigned to the new clinic.
- The most likely recapture rate of TRICARE Standard enrollees is 10% according to historical data provided by the BAMC Business Operations Division.
- Zip codes that overlap an existing military treatment facility (Schertz, Randolph, North Central Federal Clinic, Taylor Burk, or BAMC) were excluded from the analysis based on the assumption they can enroll in a military treatment facility closer to home.
- If additional enrolled beneficiaries exceeds the patient empanelment ratio for the best-case scenario in the sensitivity analysis, new staff will need to be hired, and primary care RVUs will increase; the new PCMH would need to be renovated to current MEDCOM standards.
- RVUs and capitation rates are based on Integrated Resourcing and Incentive System data for the SAMHS.
- RVU Target for primary care is based on MGMA family civilian physician 50% target rate resulting in 2,357 RVUs per provider per year. This rate is applied to both providers in the FHT.
- Variable costs for primary care services will be $3.77 per RVU, based on the Defense Health Agency’s Ambulatory Purchased Care Recapture Screening Model (APCRS) data.

B.3. Scope and Boundaries

The scope of the analysis evaluates the financial costs and benefits for the first five years of clinical operations in the New Braunfels catchment area. Costs considered in the analysis include costs of leasing, staffing, and equipping the facility. Benefits evaluated include: cost savings or avoidance through increasing direct care market share, providing direct care services more efficiently, and/or recapturing purchased care. The scope is limited to Tricare Prime dependants located within a 30 minute drive to the facility using MapQuest to determine time and distance. The project will evaluate the feasibility of a positive return on investment within five years according to expected cost avoidance or savings projected by potential increase in enrollment. The project will include scenario and sensitivity analysis to assess risk associated with the initiative. The enhanced multiservice market (eMSM) patient centered medical home (PCMH) will be the basis for staffing and equipping the facility. Staffing cost estimates will be based on contract wages for all employees.
**Time**
The business case analysis covers a period of five years, beginning FY 2016 and ending FY 2020. Estimates of recaptured care is based on FY15 rates. This BCA examines the cash flows, return on investment (ROI), net present value (NPV), and break-even analysis over a five year period beginning in FY16. Leasing and renovation costs for the PCMH will begin on 1 October 2016. Staff will occupy the facility on 1 April 2016 and begin clinical operations on 1 May 2016. The analysis period ends on 30 September 2020.

**Organizations**
The project will impact all beneficiaries of the SAMHS regardless of the sponsor’s service affiliation. Funding and contracting will be provided by the SAMHS USA component through BAMC and SAMMC. Upon completion of the renovations, command and control will be the responsibility of the 59th Medical Wing.

**Technologies**
Standard technologies for PCMH, radiology, pharmacy, and minimally complex laboratory services will be utilized in the analysis.

**Facilities and Durable Equipment**
Standard durable equipment for a PCMH including laboratory, radiology, and pharmacy services will be used for estimating costs. An existing facility will be leased and renovated.

**B.4. Scenarios and Data**

The team is analysing three potential scenarios. The first of which is to maintain the status quo. The second scenario is to establish a PCMH in New Braunfels along the I-35 corridor, for easy access for patients living north of the San Antonio metropolitan area. The third scenario evaluated is to open a PCMH on the south side of San Marcos, in order to avoid overlap in the patient recapture radius with the Schertz PCMH. The team also performed a sensitivity analysis measuring the effect of the scenarios’ net present values to changes in recapture rates and leasing cost per square foot.

Data used for the analysis was based on information provided by the lead Operations Officer, Department of Family and Community Medicine for the Westover and Schertz PCMHs. Leasing costs were estimated based on the existing Schertz leasing contract. Personnel staffing was based on Air Force Instruction 44-171 which sets the Family Health Team (FHT) ratio at 2,500 patients per team. Based on potential recapture of 2,640 prime enrolled dependents and 10% MEDICARE and standard patients within the 30 minutes driving radius of New Braunfels, we calculated staffing estimates for scenario two using one FHT at the PCMH. Salaries were estimated using salary.com, based on current market rates for government contracted personnel. The team based start-up costs for medical equipment, furniture, information technology equipment and facility renovations based on the maximum Army Medical Command (MEDCOM) allowances. Estimates of operating expenses were based on the existing Schertz leasing contract and the Office of Management and Budget (OMB) provided the 2.3% discount rate.
B.5. Cost Model

- Scenarios 2
  - Facilities (Commercial Lease)
  - Facilities (Renovations)
  - Medical equipment (Start-up)
  - Furniture & IM/IT
  - Variable Costs (4,714 RVUs/year @ $3.77 per RVU)
  - Salaries (1 FHT, lab, pharmacy, and radiology personnel)

Table 1: Cost Model for Scenario 2

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Additional provider/support staff</th>
<th>18 FTEs</th>
<th>$970,521/yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable costs</td>
<td>$3.77 per RVU</td>
<td>4,714 RVUs</td>
<td>$17,771/yr</td>
</tr>
<tr>
<td>Facilities</td>
<td>Lease of commercial office space &amp; contracted utilities and maintenance</td>
<td>8,000 sq ft</td>
<td>$208,880/yr</td>
</tr>
<tr>
<td></td>
<td>Bldg renovations</td>
<td>8,000 sq ft</td>
<td>$750,000</td>
</tr>
<tr>
<td>Equipment</td>
<td>Start-up</td>
<td></td>
<td>$500,000</td>
</tr>
<tr>
<td>Furniture &amp; IM/IT</td>
<td>Start-up &amp; recurring</td>
<td></td>
<td>$250,000</td>
</tr>
</tbody>
</table>

- Scenarios 3
  - Salaries (2 FHTs, lab, pharmacy, and radiology personnel)
  - Variable Costs (9,428 RVUs/year @ $3.77 per RVU)
  - Facilities (Commercial Lease)
  - Facilities (Renovations)
  - Medical equipment (Start-up)
  - Furniture & IM/IT

Based on potential recapture of 3,835 prime enrolled dependents and 10% MEDICARE and standard patients within the 30 minutes driving radius of San Marcos, Texas, we calculated staffing estimates for scenario three using two FHTs at the PCMH.

Table 2: Cost Model for Scenario 3

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Additional provider/support staff</th>
<th>26 FTEs</th>
<th>$1,419,408/yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable costs</td>
<td>$3.77 per RVU</td>
<td>9,428 RVUs</td>
<td>$35,543/yr</td>
</tr>
<tr>
<td>Facilities</td>
<td>Lease of commercial office space &amp; contracted utilities and maintenance</td>
<td>10,000 sq ft</td>
<td>$261,600/yr</td>
</tr>
<tr>
<td></td>
<td>Bldg renovations</td>
<td>10,000 sq ft</td>
<td>$750,000</td>
</tr>
<tr>
<td>Equipment</td>
<td>Start-up</td>
<td></td>
<td>$500,000</td>
</tr>
<tr>
<td>Furniture and IM/IT</td>
<td>Start-up &amp; recurring</td>
<td></td>
<td>$250,000</td>
</tr>
</tbody>
</table>

B.6. Financial Benefits

By establishing a PCMH in New Braunfels in scenario 2, the SAMHS will assign to the facility
100% of those active duty dependents enrolled in TRICARE Prime and increase enrollment in TRICARE Prime by 10% of those currently enrolled in TRICARE Standard or receiving MEDICARE Parts A & B (2,640 enrollees). In the most-likely scenario of establishing a PCMH in New Braunfels, potential revenue generated, according to the capitation rate per patient estimated at $385.35, is $1.017M and the recaptured care cost savings is estimated at approximately $307k annually. The worst-case scenario assumes the project will enroll 2,112 beneficiaries, 20% less than the most-likely scenario, resulting in $814k potential annual revenue while the recaptured care annual cost savings remains unchanged at approximately $245k. The best-case scenario assumes the project will enroll 3,168 beneficiaries, 20% greater than the most-likely scenario, resulting in $1.221M potential annual revenue while the recaptured care annual cost savings increases to $613k.

By establishing a PCMH in San Marcos in scenario 3, the SAMHS will assign 100% of those active duty dependents enrolled in TRICARE Prime and increase enrollment in TRICARE Prime by 10% of those currently enrolled in TRICARE Standard or receiving MEDICARE Parts A & B (3,835 enrollees). The most-likely scenario of establishing a PCMH in San Marcos is estimated to generate potential annual revenue of $1.478M, according to the capitation rate per patient estimated at $385.35, and the recaptured care annual cost savings is estimated at approximately $613k.

B.7. Soft Benefits

Among the identified soft benefits of the project, patient satisfaction appears to be the most important consideration in establishing PCMHs in the communities where beneficiaries reside. Currently, those beneficiaries residing in the New Braunfels area are required to travel approximately 25 minutes to the Schertz medical home or 28 minutes to the Randolph clinic in ideal traffic conditions which is just on the cusp of the 30 minute drive-time criteria.

C. Business Impacts

C.1. Scenario Profile

In Scenario 2, the establishment of a PCMH in New Braunfels will result in a negative net cash flow in the first year of operations followed by positive net cash flows in each of the next four years of operations, culminating with a cumulative net cash flow of -$1,033,850.

In Scenario 3, the establishment of a PCMH in San Marcos will result in a negative net cash flow in the first year of operations followed by positive net cash flows in each of the next four years of operations, culminating with a cumulative net cash flow of $57,210.

C.2. Cash Flow Summary

Annual cash flow provides the most basic indicator for measuring the benefit of a patient centered medical home. Annual cash flow provides the amount of cash inflows and outflows for each year, while cumulative cash flow provides a total of the annual cash flows. Table 1 and
Figure 1 shows the annual and cumulative cash flows for scenario two for the five-year period analyzed. Table 2 and Figure 2 show the annual and cumulative cash flows for scenario three.

<table>
<thead>
<tr>
<th>$ Dollars in 1,000s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANNUAL BENEFITS</strong></td>
</tr>
<tr>
<td>FY16</td>
</tr>
<tr>
<td>Savings/Revenue</td>
</tr>
<tr>
<td>Revenue (Non-PBAM)</td>
</tr>
<tr>
<td>Purchased Care Savings</td>
</tr>
<tr>
<td><strong>Total Benefits</strong></td>
</tr>
<tr>
<td><strong>ANNUAL COSTS</strong></td>
</tr>
<tr>
<td>FY16</td>
</tr>
<tr>
<td>Personnel</td>
</tr>
<tr>
<td>Contract</td>
</tr>
<tr>
<td>Operating Expenses</td>
</tr>
<tr>
<td>Capital Assets</td>
</tr>
<tr>
<td><strong>Total Costs</strong></td>
</tr>
<tr>
<td><strong>Net Benefits</strong></td>
</tr>
</tbody>
</table>

Table 1. Annual and Cumulative Cash Flows for Scenario 2

![Figure 1. Annual and Cumulative Cash Flows for Scenario 2](image-url)
C.3. Breakeven Analysis

Given the financial costs and potential to recapture care in the New Braunfels area, the break-even analysis indicates Scenario 2 will not break-even in the first five years of operation (See Figure 3). Our analysis indicates that Scenario 3 will break-even in 4.8 years of operation (See Figure 4).
C.4. Financial Summary

Given the cumulative negative cash flows, the simple return on investment in Scenario 2 is -11.6% and the project will not break even during the first five years of operations. The net present value (NPV) at the discount rate (2.3%) provided by MEDCOM’s PA&E Division according to the Office of Management and Budget (OMB) is -$989,760. The soft benefit of improving patient satisfaction does not sufficiently outweigh the cost of the project in this scenario.

In Scenario 3, the simple return on investment at the end of five years of operations is 4.0% and the project will break even in 4.8 years of operation. The net present value (NPV) at the discount rate (2.3%) is $320,190.
D. Risk Analysis

D.1 Sensitivity Analysis

Sensitivity analysis determines which input variables have the most impact on a project’s net present value. In our sensitivity analyses of Scenario 2 and Scenario 3, we used recapture rates and lease cost per square foot. Figure 3 and Figure 4 display the sensitivity analysis results. As indicated by the steeper slope of the recapture rate lines, both scenarios’ net present values are more sensitive to changes in recapture rates than they are to lease cost-per-square foot.

Figure 3. Sensitivity Analysis for Scenario 2

Figure 4. Sensitivity Analysis for Scenario 3
D.2. Risks and Contingencies

Many risks and contingencies exist with either Scenario 2 or Scenario 3. For the purpose of this business case analysis, the two contingencies considered were the recapture rates and renovation costs of commercial space.

As military construction money is not readily available to build a new facility meeting MEDCOM specifications, the project is limited to commercial property availability exposing the project to fluctuations in renovation costs. Should the build-out and renovation costs exceed the maximum $750,000, any additional funds required to meet MEDCOM specifications would be allocated through the unit’s operational budget.

Additionally, the New Braunfels area continues to grow at a very high rate. Due to this growth, commercial property leasing prices are at a premium and could likely increase above that which this case analysis has predicted. Consideration should be given to potentially establish the facility in newly developed commercial areas, in order to secure the most favorable lease terms.

As indicated by the sensitivity analysis, the project is most sensitive to changes in the recapture rates. It is possible the actual recapture rate will not meet the most likely scenario of 10%. We assess this risk is higher in Scenario 3 because it is farther removed from the greater San Antonio metropolitan area. In the event the recapture rate does not meet this standard, the PCMH can begin to more aggressively market and attract the retiree population in the area to offset this risk of lost cost savings.

E. Conclusions and Recommendations

According to the financial analysis of the case, we conclude it is not financially viable to establish a PCMH in the New Braunfels area due to the negative NPV of -$989,760 resulting from the cash flows generated in the first five years of operations. Although patient satisfaction would potentially improve for the beneficiaries in that area, that soft benefit alone does not justify the increased costs and financial benefits associated with the project.

However, we recommend establishing a PCMH further north in San Marcos to encompass more beneficiaries that are not yet being adequately served. Based on our analysis, a PCMH in San Marcos would result in a positive NPV of $320,190. Although the project does not meet the criteria established by the primary stakeholder in the 59th Medical Wing to break even within two years, the simple return on investment of the project at the end of five years of operations is 4.0% and the project will break even in 4.8 years. In this scenario, the costs do not significantly outweigh the financial benefits and the resultant patient satisfaction for the beneficiaries served by the newly established PCMH will improve. Although we assess the risk of this project in terms of recapture costs savings is higher than in Scenario 2, the project is more cost beneficial than maintaining current clinical operations and the status quo.
F. References

Air Force Instruction 44-171, Patient Centered Medical Home and Family Health Operations, dated 18 January 2011

Ambulatory Purchased Care Recapture Screening Model (APCRS), Defense Health Agency, dated 7 January 2014

Enhanced Multi-Service Market (eMSM) Patient-Centered Medical Home Model


The General San Antonio Plan (GSAP) - Health Facilities Planning Market Analysis, Defense Health Agency, dated December 2014

Military Health System Management Analysis Reporting Tool (M2), https://sso.csd.disa.mil/


Military Health System Support Initiative (MHSSI) Process and Guidance

The Schertz PCMH Facility Lease Contract, Lease No. DACA63-5-11-0006, dated 27 September 2010